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PTO/SB/80 (04-05)
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hereby revoke all previous powers of attorney given in the application identified in the attached statement under 7 CFR 3.73(b). hereby appoint:    Practitioners associated with the Customer Number:	POWER OF ATTORNEY TO P	ROSECUTE APPL	ICATIONS BEF	ORE THE L	JSPTO
The address associated with Customer Number:  OR  Practitioner(s) named below (if more than ten patient practitioners are to be named, then a customer number must be used):  Name  Registration Name  Registration Number  Name  Name  Registration Number  Name  Registration Number  Name  Registration Number  Registration Number  Name  Registration Number  Name  Registration Number  Name  Name  Registration Number  Name  Registration Name  Registrati	POWER OF ATTORNEY TO	in a in the applies	ation identified in the	attached sta	tement under
Practitioners associated with the Customer Number:  O0043831  OR  Practitioner(a) named below (if more than ten patient practitioners are to be named, then a customer number must be used):  Name  Registration Number  Name  Registration Number  Number  Name  Registration Number	hereby revoke all previous powers of attor	rey given in the applica			
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  Name  Name  Registration Number  Registration Number  Number  Registration Number  Number  Number  Registration Number  Registration Number  Registration Number  Registration Number  Registration Number  Registration Number  Number  Registration Number  Registration Number  Registration Number  Number  Registration Number Registr	hereby appoint:				
Name    Registration   Number   Number		Customer Number: 00043831			
Name    Registration   Number   Number	OR Practitioner(s) named below (if more than ten p	atent practitioners are to be r	named, then a customer	number musi be	used):
Assignee Name and Address:  City  Country  Telephone  Assignee Name and Address:  Transpacific Optics LLC  2711 Centerville Road, Suite 400  Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.  Signature  Assignee Race  The individual Name of Address:  Transpacific Optics LLC  2711 Centerville Road, Suite 400  Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Date 3 / Jew 2.006  Name Day L. Provey Authorized Person for Transpacific Optics LLC Telephone + 886-910-195-19.		Registration	Name		Legistiano.
Assignee Name and Address:  City  Country  Telephone  Assignee Name and Address:  Transpacific Optics LLC  2711 Centerville Road, Suite 400  Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.  Signature  Assignee Race  The individual Name of Address:  Transpacific Optics LLC  2711 Centerville Road, Suite 400  Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Date 3 / Jew 2.006  Name Day L. Provey Authorized Person for Transpacific Optics LLC Telephone + 886-910-195-19.					-
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Please change the correspondence address for the application identified in the attached statement under 37 CFF, 3.73(b) to:    The address associated with Customer Number:   00043831     OR			atent and Trademark Of USPTO assignment rect	fice (USPTO) in ords or assignme	ni documents
The address associated with Customer Number:  OR Firm or Individual Name Address  City Country Telephone  Assignee Name and Address:  Transpacific Optics LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of filled in each application in which this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Auxyl Proucy Authorized Person for Transpacific Optics LLC Telephone + 886-910-195-10.	any and all patent applications are with 37 CFR 2.73 attached to this form in accordance with 37 CFR 2.73	(D)	- bad stangage updar	37 CFP 3.73(b) t	D:
The address associated with Customer Number:  OR Firm or Individual Name Address  City Country Telephone  Assignee Name and Address:  Transpacific Optics LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of filled in each application in which this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Auxyl Proucy Authorized Person for Transpacific Optics LLC Telephone + 886-910-195-10.	Please change the correspondence address for the a	pplication identified in the at	acheo statement once.		-
OR    Firm or Individual Name     Address     City   State   Zip     Country     Telephone   Email     Assignee Name and Address:   Transpacific Optics LLC     2711 Centerville Road, Suite 400     Wilmington, DE 19808     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be     A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent)     A copy of this form, togeth	<del></del>	000438	31		
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Signature August Authorized Person for Transpacific Optics LLC Telephone + 886-910-195-11.	The individual whose signature	and title is supplied below i	s authorized to act of: oc	nair or the assign	12001-
Name Guy L. PROULY Authorized Person for Transpacific Optics LLC   Telephone + 886-7/0-/45-17.  Title   man461NG DIRECTOR		<i>U</i> _	ט ן	aie ) / //~	
Tille MANAGING DIRECTOR	Name GHY L. PROULY Aut	norized Person for Trans	pacific Optics LLC   T	erephone + 88	6-710-173-113
	Tille MANAGING DIR	ECTOR	recovered to obtain or rela	n a benefit by the I	sublic writin is to file (and

This collection of information is required by \$7 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiating is governed by 35 U.S.C. 122 and 27 CFR 1.11 and 1.14. This collection is estimated to take 3 mixture by the USPTO to process) an application. Confidentiating is governed by 35 U.S.C. 122 and 27 CFR 1.11 and 1.14. This collection is estimated upon the individual case. Any to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time visit vary depending upon the individual case. Any to complete, including gathering, preparing, and submitting the completed application for reducing this burden, should be seen to the Chief Information Officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be seen to the Chief Information Officer. Comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be seen to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

COMMENCE THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTC-9199 and select option 2.

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Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Transpacific Optics LLC Filed/Issue Date: 2/12/2002 Application No./Patent No./Control No.: 10/072,887 METHOD FOR AUTOMATICALLY DETERMINING DOCUMENT POSITION IN A SCANNER WINDOW a Limited Liability Company Transpacific Optics LLC (Type of Assignee: corporation, partnership, university, government agency, etc.) (Name of Assignee) states that it is: 1. The assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is\_ in the patent application/patent identified above by virtue of either: A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded \_\_, or a true copy of the in the United States Patent and Trademark Office at Reel \_\_\_\_\_\_ Frame \_\_\_ original assignment is attached. B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows: 1. From: Chung-Hung Lee To: Mustek Systems, Inc. The document was recorded in the United States Patent and Trademark Office at \_, or for which a copy thereof is attached. Reel 012583 , Frame 0750 To: Transpacific Optics LLC 2. From: Mustek Systems, Inc. The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. Reel \_\_017480 \_\_\_\_\_, Frame \_\_0325\_ 3. From: The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. \_, Frame \_\_ Additional documents in the chain of title are listed on a supplemental sheet. As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. INOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Signature Date Reei. 503.439.6500 Telephone Number Printed or Typed Name Attorney at Law Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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